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BUREAU TALK

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HOT LINE HOURS HAVE CHANGED

Budget restraints have resulted in the Home Health Hotline changing its operating hours from 24 hours a day to 8:00 A.M. to 8:00 p.m., effective May 1, 2010. The hotline will continue to be answered daily. After-hours callers will receive a message that asks them to call back from 8:00 a.m. to 8:00 p.m. They will not be able to leave a message.

The Bureau announced at the Missouri Alliance for Home Care annual conference in April that agencies didn't need to print new patient-rights forms with this revised information. However, even though there is no need to reprint the admission paperwork, the bureau now strongly suggests that you scratch through the mention of 24-hour availability and add the new hours of operation.

CLIA MULTI-SITE EXCEPTION

According to the S&C Letter 09-23 dated Feb. 6, 2009, "A parent HHA with multiple branches may apply for one (CLIA) Clinical Laboratory Improvement Amendments certification as long as these sites are under one HHA provider number, i.e. parent branch." As long as the branches share the same provider number as the parent, the HHA can hold one CLIA certificate. More information can be found in the SOM Section 6008 — Criteria for One Certificate for Multiple Sites. When completing the CLIA application (CMS Form 116), select exception #1 for temporary testing sites.

CLIA CERTIFICATES EXPIRING 8/31/2010 & RENEWING for 9/1/2010 - 8/31/2012

A large number of labs have two-year certificates expiring Aug. 31, 2010. This means that renewal certificates will be mailed in batches to the facilities. This may result in your certificate not arriving at your facility before the expiration date. If your payment is in the CLIA system and you have not received your certificate, you will still be able to perform tests even if your certificate arrives after your expiration date.

If you need verification of the CLIA renewal between expiration of your certificate on Aug. 31 and the time you get your renewed certificate, you can contact Sara Dooley at 573-751-6318. She will provide a letter that will confirm the cert renewal, which will suffice until the certificate is received. To assist you, Sara will need a CLIA number, fax number and contact name.

****This may be the case when the renewals come up again in 2012 so please be aware.****

If you have any questions, please call 573-751-6318 or email Sara.Dooley@dhss.mo.gov.

PAPERLESS SYSTEM

As you are aware, the Bureau has been progressing little-by-little toward becoming a paperless system. Beginning August 1, 2010, all license renewals (including receipt of your new license) and notification of administration changes will be done via e-mail. When your license is due, you will receive notification by e-mail. Once the Bureau receives the necessary paperwork and fee, you will receive your new license via e-mail in PDF form for you to print out.

In the April 2010 Bureau Talk, we stressed the importance of notifying the Bureau of any changes in e-mail contact information. All information from the Bureau is communicated to the agency administrator via email list-serve. Without the current administrator's e-mail address, your agency will not be able to receive such things as license renewals, survey statement of deficiencies, annual statistical reports (which will be going out in just a few short months), editions of Bureau Talk or other communication.

IT IS THE RESPONSIBILITY OF THE AGENCY TO NOTIFY THE BUREAU IMMEDIATELY OF ANY CHANGES IN E-MAIL CONTACT INFORMATION. It is imperative that you forward all e-mail changes to Deb.Green@dhss.mo.gov or call the office at 573-751-6336.

When the Bureau receives a notification of an e-mail change from your agency, you will receive an e-mail

PAPERLESS SYSTEM Cont.

from one of the following (depending on the facility type):

hospice-request@lphamo.org

home_health-request@lphamo.org

opt_corf-request@lphamo.org.

This message confirms that you wish to be added to the list serve, but you MUST PROCEED WITH THE FOLLOWING STEPS:

- ◆ Click on the REPLY button
- ◆ Type in PLEASE ADD
- ◆ Click the SEND button- this must be done to complete the process.

The system will then send an e-mail confirmation that will state: "Welcome to the Home Health and/or Hospice and/or OPT mailing list."

Hospice Issues

RESPITE CARE

The Bureau has received questions asking whether, if a nursing home is charging the hospice more for respite services than Medicare is reimbursing them, can the hospice or the family pay the difference? The Bureau forwarded this question to the OIG and Cahaba Safeguard Administrator, LLC and the following was the response:

If the hospice is being charged by the long-term care facility more than the reimbursement that they are getting paid by Medicare, the hospice needs to find another facility to contract with.

DIETARY SERVICES

This is a reminder that per 42 CFR 418.64 Condition of Participation: Core Services, dietary services cannot be contracted.

Since dietary services falls under counseling in the federal regulations and counseling is a core service, it cannot be contracted.

NEW DIRECTIVE ON HOW PATIENTS SHOULD DESTROY UNWANTED CONTROLLED SUBSTANCE MEDICATIONS

As a result of new guidelines provided by the U.S. Food and Drug Administration published in October 2009, there is a new directive for disposal of narcotics from the Missouri Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs. The FDA has published a list of narcotics that need to be flushed down the sink or toilet. Medications that are not included on the list need to continue to be mixed with something that will hide the medicine and make it unappealing, such as kitty litter or used coffee grounds. The combination must then be placed in a sealed container or plastic bag and thrown in the household trash. Please see ATTACHMENT A.

FRAUD AND ABUSE

The Centers for Medicare and Medicaid Services published an article in February 2010 regarding fraud and abuse. This article can direct you to a number of sources of information about Medicare fraud and abuse and helps you understand what to do if you suspect or become aware of incidents of potential Medicare fraud and abuse. Please see ATTACHMENT B.

OASIS

by Joyce Rackers, R.N., O.E.C.

Q & As

The *July 2010 CMS Quarterly Q&As* have been published. There are 26 new questions related to OASIS – C data collection. These Q&As can be obtained from the OASIS Certificate & Competency Board website at www.oasiscertificate.org by clicking on the *Resources* tab. Some of the topics covered in this group of Q&As are:

- ◆ Selecting responses for sutured and grafted pressure ulcers
- ◆ Selecting responses for resolved Suspected Deep Tissue Injuries
- ◆ Measuring wound depth of a pressure ulcer with tunneling
- ◆ Clarification on requirement for “same day” physician contact for M1510 Heart Failure Follow-up
- ◆ Clarification related to M1740 Cognitive, Behavioral and Psychiatric Symptoms and M1745 Frequency of Disruptive Behavior Symptoms

Please print them off and be sure to share with your clinical staff.

Errata Sheet

As you are aware, the OASIS-C Guidance Manual was updated in December 2009 and a CMS Errata sheet detailing the Guidance Manual changes was published. In June 2010, another *OASIS-C Guidance Manual Errata sheet* was published, outlining more changes to the Guidance Manual. You can obtain this Errata sheet detailing the latest Guidance Manual changes also from the OCCB website at www.oasiscertificate.org, *Resources* tab. The “M” items affected by the changes are M0014, M0100, and M1730. You can also access this document from the CMS website at www.cms.hhs.gov/HomeHealthQualityInits/14_HHQIOASISUserManual.asp.

Please print the new Errata sheet and make the changes to Chapter 3 of your OASIS-C Guidance Manual. And, don't forget....share with your clinical staff!

CMS has informed the state OASIS Education Coordinators that the plan is to update the OASIS-C Guidance Manual yearly, usually in December, and to print errata sheets such as this one twice a year. **Be sure and assign someone in your agency to watch for these updates!**

OASIS Management for Single Visit at Start of Care (SOC) or Resumption of Care (ROC)

On April 8, 2010, CMS posted to the QIES website an updated version of the *OASIS Management for Single Visit at Start of Care (SOC) or Resumption of Care (ROC)*. This document can be accessed by going to www.qtso.com , *OASIS* tab.

I have compared the April 2010 version to the old version and the only change I could find was a few grammatical changes. The overall content of the document has not changed; however, please print off the revised document to ensure that your staff has the most updated version.

Two Year Transition from OASIS-B1 to OASIS-C: Reportable data on CASPER and Home Health Compare Table

Attached to the *April 2010 Bureau Talk* was the *Two-Year Transition from OASIS-B1 to OASIS-C: Reportable data on CASPER and Home Health Compare Table (Revised 082709)*. CMS published a revised Transition Reporting Table, *OASIS B-1 to OASIS-C Transition Reporting Matrix*, on March 17, 2010. This table can be obtained from the QIES Technical Support Office website at www.qtso.com, *OASIS* tab.

Please print this table off and give to the staff member in your agency who is assigned to monitor the OBQI/ OBQM/Process Measures found on your CASPER reports and the Home Health Compare website (quality/performance improvement).

Process Based Quality Improvement Manual

The Process-Based Quality Improvement Manual was published in March 2010. It can be accessed at www.cms.gov/HomeHealthQualityInits/15_PBQIProcessMeasures.asp. This manual describes the Process Quality Measure Report in detail and discusses its use for quality monitoring purposes. The Process Quality Measure Reports provide home health agencies with opportunities to use process measures for process-based quality improvement purposes. As seen in the *OASIS B-1 to OASIS-C Transition Reporting Matrix*, these Process Quality Measure Reports will begin to be transitioned in September 2010.

The Process-Based Quality Improvement Manual is the fourth in a series produced by the Centers for Medicare & Medicaid Services (CMS) to assist home health agencies in the collection and use of OASIS data for quality/performance improvement. The other three manuals include the *Outcome and Assessment Information Set (OASIS-C) Guidance Manual*, the *Outcome-Based Quality Improvement (OBQI) Manual* and the *Outcome-Based Quality Monitoring (OBQM) Manual*. You should already have your OASIS Guidance Manual printed. The OBQI and OBQM Manuals are being revised for OASIS-C and will be available on this same website under OASIS OBQI and OASIS OBQM when revisions are completed.

Please print the Process-Based Quality Improvement Manual for the agency staff member responsible for quality/performance improvement. Be watching for the upcoming revised OBQI and OBQM manuals that will be available from the CMS website mentioned above.

OASIS TRAINING

Providers have made several inquiries regarding upcoming OASIS-C trainings. At this time, no OASIS training has been planned for the remainder of the calendar year. Less than a year ago, the massive statewide OASIS-C trainings were held.

The federal training for OASIS Education Coordinators is scheduled for February 2011. At the federal training, CMS gives the OECs the most current and updated OASIS information. The Department decided that it would be more cost-efficient to wait until after this federal training to conduct further OASIS training for providers.

In the meantime, agencies are encouraged to continue to keep abreast of the latest OASIS Guidance by keeping current with the CMS Q&As. As always, providers are free to contact Joyce Rackers, OASIS Education Coordinator at anytime with any OASIS questions that may arise.